

Bell County Employment Application

Instructions to Applicant:

Note: Some Bell County Departments require illegal drug testing, background checks and criminal history reviews.

Applicants must use this form as the official application. Resumes are accepted but do not substitute for an official application. All information on this form is subject to verification. False or misleading responses may result in disqualification for Bell County employment, or discharge from future employment.

Bell County accepts all applications without regard to race, creed color, religion, sex, age national origin, martial or veteran status, disability and other protected classifications.

Bell County is an at-will employer this application does not constitute a contract of employment. In the event Bell County offers employment to you and you accept, your employment and any compensation may be terminated with or without cause and with or without notice, at any time, at the option of either Bell County or yourself.

Submit Completed Application, supplemental packet, typing test, and fingerprint cards to:

Bell County 911 Communications Center 708 W Avenue O Belton, Texas 76513

For Additional Information Contact:

254-933-5535 254-933-5500

Please print all information except signature

Position applied for:

Name							Date		
Name	t		Fire	st	Middle				
Present addı	ress					Sc	ocial Securit	ty No	
		Number	Street		•				
	-	City	_	State	Zin	H	ome Phone	Area Code	Number
Email					r				
2111a11						. 0	ther I hone	Area Code	Number
f under 18,	you	r age	, can y	ou provid	e a work pern	nit?	Yes	No	
				-	oyment Desired k all that apply				
	Full	time only		Days only			Shift work _		
	Part	time only		Nights onl	y		Seasonal _		
and re Does t If offe Have y If yes, Have y	lation this pred of you lexp you on exp	nship person supermployment peen fired of lain ever been colain numbe	ervise the	e job you a will you b to resign t	are applying for a vailable to from a job in the in civilian of the of t	or? the ffer	Yes egin? last five yes nilitary cour	No ars? Yes t? Yes _ g to convi	No
Are yo	ou a :		the Nati	onal Guar	es? Yes				
		ed				ge d	late		
						-			

Education History

Type of School	Name of School	Location	Years Completed	Major/Degree
High School/GED				
College				
Business/Trade School				
Professional School				
Graduate School				

Driver's License Information

Do you have a driver's license? Yes No	_ License Number _	 State
Type/Class of license		
What is your means of transportation to work? _		

Employment Skills

Do you type? Yes No WPM Computer? PC Mac Mini Mainframe	Word Processing? Yes No WPN 10-key? Yes No			
Bilingual? Yes No				
Other Skills				
List any equipment, office machines or software that you can operate. Certifications Held				

Personal References

Please list two references other than relatives or previous employers.

Name	Address	Relationship	Telephone or Email

Employment History

Please list your work experience for the past four years beginning with your most recent job. If you were self-employed, give firm name. Attach additional sheets as necessary.

	8	arrie: 1 titaen aac	intional sheets as necessary		
Present or Last Position		Employer Name		From Mo/Yr	To Mo/Yr
Street Address		L	City	State	Zip
Duties			Reason for Leaving		:
Start Pay	End Pay		Other Compensation		
Supervisor Name		Supervisor's Tele	ephone		
Next Previous Position		Employer Name		From Mo/Yr	To Mo/Yr
Street Address			City	State	Zip
Duties			Reason for Leaving		
Start Pay	End Pay		Other Compensation		
Supervisor Name		Supervisor's Tele	ephone		
		1		1	
					T. 3.5 (37)
Next Previous Position		Employer Name		From Mo/Yr	To Mo/Yr
Next Previous Position Street Address		Employer Name	City	From Mo/Yr State	To Mo/Yr
		Employer Name			
Street Address	End Pay	Employer Name	City		
Street Address Duties	End Pay	Employer Name Supervisor's Tele	City Reason for Leaving Other Compensation		
Street Address Duties Start Pay	End Pay		City Reason for Leaving Other Compensation		
Street Address Duties Start Pay Supervisor Name	End Pay	Supervisor's Tel	City Reason for Leaving Other Compensation ephone	State	Zip
Street Address Duties Start Pay	End Pay		City Reason for Leaving Other Compensation ephone		
Street Address Duties Start Pay Supervisor Name	End Pay	Supervisor's Tel	City Reason for Leaving Other Compensation ephone	State	Zip
Street Address Duties Start Pay Supervisor Name Next Previous Position	End Pay	Supervisor's Tel	City Reason for Leaving Other Compensation ephone	State From Mo/Yr	Zip To Mo/Yr
Street Address Duties Start Pay Supervisor Name Next Previous Position Street Address	End Pay	Supervisor's Tel	City Reason for Leaving Other Compensation ephone City	State From Mo/Yr	Zip To Mo/Yr

Employer Contact

I agree that Bell County may	contact the employers listed on the previous page.
Signature	Date
OR	contacting some of the employers listed on the previous page. Please do
	Date
background. Use the space be	nes makes it difficult for an individual to summarize a complete elow to provide any additional information necessary to describe your full position for which you are applying.
I certify that all of the statem the best of my knowledge.	nents made on this application form are true, complete and correct to
Signature	Date

Thank you for your application!